

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
191538-475

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* IND.	* IND.	* IND.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT				
1	/	/	/	/	51			
2	/	/	/	/	52			
3	/	/	/	/	53			
4	/	/	/	/	54			
5	/	/	/	/	55			
6	/	/	/	/	56			
7	/	/	/	/	57			
8	/	/	/	/	58			
9	/	/	/	/	59			
10	/	/	/	/	60			
11	/	/	/		61			
12	/	/	/		62			
13	/	/	/		63			
14	/	/	/		64			
15	/	/	/		65			
16	/	/	/		66			
17	/	/	/		67			
18	/	/	/		68			
19	/	/	/		69			
20	/	/	/		70			
21	/	/	/		71			
22	/	/	/		72			
23			/		73			
24			/		74			
25			/		75			
26			/		76			
27			/		77			
28			/		78			
29			/		79			
30			/		80			
31			/		81			
32			/		82			
33			/		83			
34			/		84			
35			/		85			
36			/		86			
37			/		87			
38			/		88			
39			/		89			
40			/		90			
41			/		91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	3	4	5		TOTAL IND.			
TOTAL DEP.	19	18	24		TOTAL DEP.			
TOTAL CLAIMS	32	33	29		TOTAL CLAIMS			